2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 326093

MORRIS, SUSÁN J

3537 PINE FOREST RD

CANTONMENT, FL 32533

Name:

Address:

City-St-Zip:

FILED Mar 27, 2009 Secretary of State

Entity Nar	ne: ASTROL	NCOLN-MERCURY INC		•	
Current Principal Place of Business:			New Principal Place of Business:		
	SACOLA BLVD LA, FL 32505).			
Current Mailing Address:			New Mailing Address:		
	SACOLA BLVD LA, FL 32505	ı.			
FEI Number:	59-1202806	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
CULBERTSON, R W 3565 PINE FOREST CANTONMENT, FL 32533 US			CULBERTSON, M W 3533 PINE FOREST CANTONMENT, FL 32533 US		
The above in the State		submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE: MW CULBERTSON				03/27/2009	
	Electron	ic Signature of Registered Age	nt	Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	V () CULBERTSON, 3533 PINEFOR CANTONMENT,	EST	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	V () BONIFAY, JANE 3561 PINE FOR CANTONMENT,	EST RD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () MORRIS, SUSA 3537 PINEFOR CANTONMENT,	EST RD	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	T ()	Delete	Title: () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: S J MORRIS SEC 03/27/2009